

STATE OF WISCONSIN Department of Employee Trust Funds

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SECRETARY

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CORRESPONDENCE MEMORANDUM

DATE: May 18, 2005

TO: Group Insurance Board

FROM: Liz Doss-Anderson, Ombudsperson, Quality Assurance Services Bureau

Christina Licari, Ombudsperson, Quality Assurance Services Bureau

Pam Licht, Section Chief, Staff Services Section

SUBJECT: Correspondence and Complaint Summary

This summary is provided for informational purposes and contains a listing of issues raised by participants relating to insurance benefits under the authority of the Group Insurance Board (GIB). The tables below include a summary of the following:

- (1) correspondence received by the Department written to the Secretary or the GIB
- (2) the number of written formal and informal complaints (usually via telephone) handled by the ombudspersons in the Quality Assurance Services Bureau

The information provided in the attached tables is from the time period of March 1, 2005, through April 30, 2005.

Quality Assurance Services Bureau staff will be available at the Board meeting to address any questions you have regarding this report. Thank you.

Attachments

Reviewed and approved by Pam Henning, Administrator, Division of Management Services.	
Signature	Date

Board	Mtg Date	Item #
GIB	6/21/2005	

Correspondence:

		Number
Health Insurance	е	7 (70%)
Issues:		1
•	Insurance cost is too high for state retirees	
•	Would like more plan options	1
•	Requesting health insurance through statewide insurance pool	2
•	Concern of "double dipping" of health insurance by married couples	1
•	Concern over Social Security number on health insurance card	1
•	Requesting financial incentives for local government employees to opt out of the WPE Group Health Insurance Program	1
Pharmacy Benef	fit	1 (10%)
Issues:		
•	Concerns over changes in Medicare Part D and prescription drug services	1
Disability Benefi	its	2 (20%)
Issues:		_
•	Tax withholding complaint	1
•	Termination of benefits complaint	1
Total		10 (100%)

Formal Written and Informal Complaints:

During March and April 2005, the ombudspersons handled 102 formal and informal complaints regarding insurance programs. The majority of these complaints involved health insurance, disability programs, and the pharmacy benefit. The following highlights the variety of issues handled by the ombudspersons.

	Number
Health Insurance Complaints	68 (67%)
Health Maintenance Organizations	53
Most Common Issues:	
• Billing (36%)	
Referrals (11%)	
 Non-covered Services (9%) 	
Standard Plans (all)	15
Most Common Issues:	
 Prior Authorizations (27%) 	
 Enrollment and Eligibility (27%) 	
 Non-covered Services (27%) 	
Pharmacy Benefit Complaints	13 (13%)
Most Common Issues:	
 Copayment Reduction (62%) 	
 General Program Provisions or Design (15%) 	
 Non-covered Drugs (15%) 	
Disability Program Complaints	17 (17%)
Income Continuation Insurance	13
Most Common Issues:	
 Integration of Benefits (23%) 	
 Payment/Check Error (15%) 	
 Tax Withholding (15%) 	
Claim Management (15%)	
Disability Retirement (§ 40.63)	0
Duty Disability (§ 40.65)	0
Long-Term Disability Insurance	4
Other Program Type Complaints (Life, ERA, EPIC, Spectera)*	4 (4%)
Total	102 (100%)

^{*}It is not common to receive a large number of complaints regarding these programs. The availability of ombudsperson assistance isn't as widely known and most of the programs are not under contract with ETF, rather they are benefits that the Board simply approves to be offered through payroll deduction.

Key:

- ERA: Employee Reimbursement Accounts. Optional pre-tax savings account for medical expenses and dependent care.
- EPIC: Optional supplemental benefit plan that provides coverage for dental, excess medical and accidental death and dismemberment.
- Spectera: Optional vision benefit.